



## Rhode Island Supreme Court Appellate Mediation Program

### MEDIATION ELIGIBILITY FORM AND CONFIDENTIAL MEDIATION STATEMENT

#### Instructions:

1. This is a two-part, double-sided form. Part I determines the eligibility of your case for mediation. Part II applies to eligible cases only and contains confidential information about your case in order to assist the mediator in a resolution as well as an authorization to mediate. *Trial counsel is responsible for filing this form even if alternate appellate counsel is contemplated.*
2. Pursuant to Provisional Rule A, Appellant(s) must complete this form and file it with the Supreme Court Appellate Screening Unit within 10 days of filing a Notice of Appeal. Because this form triggers the 10 day response period, Appellant(s) must send a copy of Part I to all opposing counsel.
3. Appellee must file this form in response within 10 days of Appellant's filing with copies to Appellate Screening and counsel as indicated on the form. Additional forms are available from the Superior or Family Court Clerk's Office or the Supreme Court Appellate Screening Unit.
4. If your case is not eligible for mediation pursuant to Provisional Rule A, you need not complete Part II of this form. Send a copy only of Part I to the Appellate Screening Unit and to opposing counsel.
5. If your case is eligible for mediation, you are required to fill out Part II of this form as well. While Part I of the attached form is to be shared with opposing counsel, Part II provides parties an opportunity to inform only the mediator of additional information that could lead to resolution. Candor and honesty are strongly encouraged.
  - a. Complete fully Part II (the confidential mediation statement) inclusive of the confidentiality and negotiation authorization section. Attach copies of the relevant orders, memoranda, and opinions from which this appeal has been taken. Note: If you are the appellant(s) or cross-appellant(s), you are required to attach copies of the trial court's written decision(s) or order(s).
  - b. Send the original and two copies of the form to the Appellate Screening Unit at the address indicated. Retain a copy for yourself to bring to the mediation conference when assigned. **Do NOT send a copy of Part II (the confidential mediation statement) to opposing counsel.**
  - c. To adequately prepare for mediation, counsel should become fully aware of his/her client's interests, goals, and needs and acquire appropriate authority to participate in the mediation conference and the potential settlement. Counsel should further educate his/her client regarding the mediation process and its possible outcomes.

## Rhode Island Supreme Court Appellate Mediation Program

**PART I: MEDIATION ELIGIBILITY FORM**

Part I Page 1

<b>NAME OF CASE</b>		<b>TRIAL COURT CASE NUMBER</b>	
<b>PARTY OR PARTIES APPEALING</b>		<b>DATE APPEAL FILED</b>	
<b>FILING STATUS</b> (Check all that apply) <input type="checkbox"/> <b>ATTORNEY</b> <input type="checkbox"/> <b>PRO SE</b> <input type="checkbox"/> <b>APPELLANT</b> <input type="checkbox"/> <b>CROSS-APPELLANT</b> <input type="checkbox"/> <b>APPELLEE</b> <input type="checkbox"/> <b>CROSS-APPELLEE</b> <input type="checkbox"/> <b>OTHER:</b> _____			
<b>NAME</b>		<b>BAR No.</b>	<b>TELEPHONE NUMBER</b>
<b>ADDRESS</b>			
<p><b><u>ALL CASES ARE ELIGIBLE EXCEPT IF THE BASIS OF THIS APPEAL INVOLVES ANY OF THE FOLLOWING:</u></b>          (Please check all that apply. This section determines whether your case is eligible and whether you must complete Part II*)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Application for post conviction relief  <input type="checkbox"/> Petition for habeas corpus  <input type="checkbox"/> Case brought by a prisoner in the custody of the Department of Corrections  <input type="checkbox"/> Petition for extraordinary relief (including prerogative writs)  <input type="checkbox"/> Criminal case (including cases on review from municipal court or traffic court)         </div> <div style="width: 50%;"> <input type="checkbox"/> Juvenile case  <input type="checkbox"/> Child custody as sole or primary issue  <input type="checkbox"/> Pro se representation  <input type="checkbox"/> Termination of parental rights         </div> </div>			
PLEASE STATE ANY ADDITIONAL REASON(S) FOR MEDIATION INELIGIBILITY, IF ANY:			
<p><b>DOES THIS APPEAL INVOLVE ANY OF THE FOLLOWING:</b></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> State or federal constitutional interpretation  <input type="checkbox"/> Validity of state statute, ordinance or agency requirement  <input type="checkbox"/> Inconsistency in decisions of Supreme Court  <input type="checkbox"/> Motion(s) to stay appeal pending resolution of a related case  <input type="checkbox"/> Other procedural complexity _____         </div> <div style="width: 50%;"> <input type="checkbox"/> Multiple parties  <input type="checkbox"/> Motions to intervene (if known)  <input type="checkbox"/> Motions to file amicus briefs (if known)  <input type="checkbox"/> Issue of first impression         </div> </div>			
HAS THIS CASE OR A RELATED CASE BEEN BEFORE THE SUPREME COURT PREVIOUSLY: <input type="checkbox"/> NO <input type="checkbox"/> YES/CASE NO. _____   ANY COMPANION CASES? <input type="checkbox"/> NO <input type="checkbox"/> YES/CASE NO. _____			
<b>CASE TYPE</b>			
<b>BRIEFLY DESCRIBE THE JUDGMENT/RULING APPEALED</b>			
<b>MAJOR POINTS OF ERROR OR ISSUES THAT ARE THE FOCUS OF THE APPEAL</b>			

Turn over ➞

# Rhode Island Supreme Court Appellate Mediation Program

PART I. MEDIATION ELIGIBILITY FORM CONTINUED

Part I Page 2

<b>CASE NAME:</b>	<b>TRIAL COURT CASE NUMBER:</b>	
<b>NAME OF PARTY FILING THIS ELIGIBILITY FORM:</b>		
<input type="checkbox"/> <b>APPELLANT(S)</b> <input type="checkbox"/> <b>CROSS-APPELLANT(S)</b> <input type="checkbox"/> <b>APPELLEE(S)</b> <input type="checkbox"/> <b>CROSS-APPELLEE(S)</b> <input type="checkbox"/> <b>OTHER</b>		
<b>HISTORY OF SETTLEMENT NEGOTIATIONS, IF ANY</b> (Include a listing of all demands and counteroffers)		
<b>DESCRIPTION OF PHYSICAL AND ANY OTHER INJURIES UPON WHICH THE CLAIM FOR COMPENSATION IS BASED</b>		
<b>OUT-OF-POCKET EXPENSES UPON WHICH THE CLAIM IS BASED</b>		
<b>PLEASE LIST NAMES AND ADDRESSES OF ALL OTHER COUNSEL INVOLVED IN THIS MATTER</b>		
<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>

**\*If this appeal fits any one of the ineligibility categories listed on page 1, you need not complete Part II of this form.  
 Send a copy of this form to opposing counsel and the original and two copies to the Appellate Screening Unit.**

***If your case is eligible for mediation, please complete Part II.***

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**PART II: CONFIDENTIAL MEDIATION STATEMENT AND AUTHORIZATION**

Part II Page 1

*FILL OUT PART II OF THIS FORM ONLY IF YOUR CASE IS ELIGIBLE FOR MEDIATION  
This form is for the use of the mediator only – DO NOT SEND COPIES TO COUNSEL*

<b>CASE NAME:</b>		<b>TRIAL COURT CASE NUMBER:</b>	
<b>NAME OF PARTY FILING THIS MEDIATION STATEMENT:</b>			
<input type="checkbox"/> APPELLANT(S) <input type="checkbox"/> CROSS-APPELLANT(S) <input type="checkbox"/> APPELLEE(S) <input type="checkbox"/> CROSS-APPELLEE(S) <input type="checkbox"/> OTHER			
<b>NAME OF COUNSEL FILING STATEMENT FOR MEDIATION CONFERENCE</b>		<b>BAR No.</b>	<b>TELEPHONE</b>
<b>ADDRESS</b>			
PLEASE LIST IMPORTANT FACTORS AFFECTING YOUR CLIENT'S CHANCES FOR SUCCESS ON APPEAL			
PLEASE DESCRIBE WHY PAST EFFORTS TO RESOLVE THIS DISPUTE HAVE BEEN UNSUCCESSFUL			
WHAT ARE YOUR CLIENT'S TOP PRIORITIES IN ORDER OF IMPORTANCE			
PLEASE PROVIDE A LIST OF ACCEPTABLE OUTCOMES TO THE MEDIATION CONFERENCE			
LOWEST ACCEPTABLE SETTLEMENT VALUE		HIGHEST ACCEPTABLE SETTLEMENT VALUE	
ARE THERE ANY OTHER RELATED ISSUES OR RELEVANT INFORMATION THAT WOULD ASSIST THE MEDIATOR IN THE RESOLUTION OF THIS CASE?			

Attach a copy of the relevant order(s), memoranda, and opinions from which this appeal has been taken. If you are the appellant(s) or cross-appellant(s), you are required to attach a copy of the trial court's written decision(s) or order(s).

**Counsel may submit additional sheets as necessary to supplement this form.**

Turn over ➡

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**CONFIDENTIALITY REQUIREMENT AND NEGOTIATION AUTHORIZATION**

I hereby agree that any and all documents submitted and statements made in furtherance of mediation, including, but not limited to, the content of this mediation eligibility form, mediation statement and any attachments thereto, and any relevant memoranda or supporting documentation relied upon during the course of the mediation session by counsel, any party or the mediator shall remain confidential. My client(s) further agrees not to subpoena or otherwise subject the mediator, staff members, or records of the Appellate Mediation Program to any court proceedings, lawsuits or other legal actions related to the mediation process or its outcome.

My client(s) agree to participate in mediation, and I am authorized to participate and negotiate on behalf of my client(s) with full authority to make and/or accept offers. If I am not so authorized at the time of mediation, I will make arrangements to have my client(s) or authorized representative(s) available in person or by telephone at the time of the mediation conference.

I understand, and my client(s) have been informed that if an agreement is not reached, the case will be returned to the normal appellate process pursuant to the Rhode Island Supreme Court Rules of Appellate Procedure. If an agreement is reached, the case will be withdrawn and the mediator-justice may enter an appropriate order. Any agreement reached during mediation will have the full force and effect of a contract. I understand and my client(s) have been informed that failure to abide by the above requirements and/or Provisional Rule A may result in sanctions.

I certify that a copy of the foregoing confidential mediation statement was executed truthfully and accurately to the best of my knowledge and a copy provided to the Appellate Screening Unit, Rhode Island Supreme Court, 250 Benefit Street, Providence, Rhode Island 02903.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
Counsel for: \_\_\_\_\_ BAR No. \_\_\_\_\_ DATE: \_\_\_\_\_  
CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**Do NOT send a copy of Part II to counsel.**

Send this form (and any attachments) and two complete copies to:

**Appellate Screening Unit  
Rhode Island Supreme Court  
250 Benefit Street  
Providence, Rhode Island 02903  
Telephone: (401) 222-3297  
[www.ricourts.com](http://www.ricourts.com)**

*For office use only*